

<i>SERFF Tracking Number:</i>	<i>ALSB-127789432</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Benefit Life Company</i>	<i>State Tracking Number:</i>	<i>50174</i>
<i>Company Tracking Number:</i>	<i>LBL1521-1 & LBL1523-1</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Amendment to Application/Good Health Statement</i>		
<i>Project Name/Number:</i>	<i>Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement</i>		

Filing at a Glance

Company: Lincoln Benefit Life Company

Product Name: Amendment to

Application/Good Health Statement

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: ALSB-127789432 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: LBL1521-1 & LBL1523-State Status: Approved-Closed
1

Author: Kathy Kavanagh

Date Submitted: 11/02/2011

Reviewer(s): Linda Bird

Disposition Date: 11/07/2011

Disposition Status: Approved-
Closed

Implementation Date:

General Information

Project Name: Amendment to Application/Good Health Statement

Project Number: Amendment to Application/Good Health Statement

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Kathy Kavanagh

Filing Description:

Please note that this filing is identical to ALSB-127789471, except that it is for our parent company, Allstate Life Insurance, and the form numbers are different. We suggest that these two filings be reviewed simultaneously.

We submit the above-referenced forms for review and approval. These forms will be used on a general use basis with our Company's fully underwritten life insurance products.

These forms are new and do not replace any previously approved forms.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/07/2011

State Status Changed: 11/07/2011

Created By: Kathy Kavanagh

Corresponding Filing Tracking Number: ALSB-
127789471

SERFF Tracking Number:	ALSB-127789432	State:	Arkansas
Filing Company:	Lincoln Benefit Life Company	State Tracking Number:	50174
Company Tracking Number:	LBL1521-1 & LBL1523-1		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Amendment to Application/Good Health Statement		
Project Name/Number:	Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement		

Description of Forms:

Change to Application for Insurance Form LBL1521-1 allows the customer to make changes to the application. LBL1521-1 will be part of the application and will be attached to the policy; and, as signed, will be made a part of the customer new business file.

Good Health Statement LBL1523-1 is an amendment confirming the original application's health statements and allows the customer the opportunity to detail any exceptions that may have occurred. Form LBL1523-1 will become part of the application for the policy.

Please note that some of the variable information on the pdf of these forms was bracketed using Adobe Acrobat. Although the bracketing appears on the attached pdfs when viewed electronically, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

If you have any questions, please feel free to contact me. Thank you for your consideration of this matter.

Sincerely,

Kathy Kavanagh
State Filing Project Manager
Contract Development and Filing

Company and Contact

Filing Contact Information

Kathy Kavanagh, Sr. Product and Financial Analyst	kavankci@allstate.com
2940 South 84th Street	800-525-2799 [Phone] 85213 [Ext]
Lincoln, NE 68501-4142	402-328-5213 [FAX]

Filing Company Information

Lincoln Benefit Life Company	CoCode: 65595	State of Domicile: Nebraska
2940 South 84th Street	Group Code: 8	Company Type:
Lincoln, NE 68506-4142	Group Name:	State ID Number:
(800) 525-2799 ext. [Phone]	FEIN Number: 47-0221457	

SERFF Tracking Number: ALSB-127789432 State: Arkansas

Filing Company: Lincoln Benefit Life Company State Tracking Number: 50174

Company Tracking Number: LBL1521-1 & LBL1523-1

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Amendment to Application/Good Health Statement

Project Name/Number: Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: 1 filing x \$50 = \$50

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Benefit Life Company	\$50.00	11/02/2011	53403746
Lincoln Benefit Life Company	\$50.00	11/03/2011	53455164

SERFF Tracking Number:	ALSB-127789432	State:	Arkansas
Filing Company:	Lincoln Benefit Life Company	State Tracking Number:	50174
Company Tracking Number:	LBL1521-1 & LBL1523-1		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Amendment to Application/Good Health Statement		
Project Name/Number:	Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/07/2011	11/07/2011

<i>SERFF Tracking Number:</i>	<i>ALSB-127789432</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Benefit Life Company</i>	<i>State Tracking Number:</i>	<i>50174</i>
<i>Company Tracking Number:</i>	<i>LBL1521-1 & LBL1523-1</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Amendment to Application/Good Health Statement</i>		
<i>Project Name/Number:</i>	<i>Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement</i>		

Disposition

Disposition Date: 11/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSB-127789432	State:	Arkansas
Filing Company:	Lincoln Benefit Life Company	State Tracking Number:	50174
Company Tracking Number:	LBL1521-1 & LBL1523-1		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Amendment to Application/Good Health Statement		
Project Name/Number:	Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	Change to Application for Insurance		Yes
Form	Good Health Statement		Yes

SERFF Tracking Number: ALSB-127789432 State: Arkansas

Filing Company: Lincoln Benefit Life Company State Tracking Number: 50174

Company Tracking Number: LBL1521-1 & LBL1523-1

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Amendment to Application/Good Health Statement

Project Name/Number: Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement

Form Schedule

Lead Form Number: LBL1521-1

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LBL1521-1	Application/ Change to Enrollment Application for Form Insurance	Initial		71.200	LBL1521-1.pdf
	LBL1523-1	Application/ Good Health Enrollment Statement Form	Initial		51.400	LBL1523-1.pdf

Proposed Insured: JOHN DOE

Policy No. 23467890

Lincoln Benefit Life Company
Lincoln, Nebraska

CHANGE TO APPLICATION FOR INSURANCE

I hereby amend my application dated _____ for the policy listed above as follows:

I agree that this change will be part of the application.

CHANGES OR ALTERATIONS TO THIS FORM WILL NOT BE ACCEPTED.

Signature of Owner	Date
--------------------	------

Date

Signature of Insured	Date
----------------------	------

Date

Signature of Joint Owner	Date
--------------------------	------

Date _____

Signature of Joint/Additional Insured	Date
---------------------------------------	------

Date _____

Lincoln Benefit Life Company

Lincoln, Nebraska

GOOD HEALTH STATEMENT

I hereby amend my application for Policy Number 23467890.

To the best of my (our) knowledge and belief, since the original application date, no person proposed for life insurance in this application:

1. has made application for life insurance elsewhere;
2. has consulted with or been examined or treated by a physician or practitioner; or
3. has had any change in health and insurability as indicated in Part 1 and Part 2 of the application or exam, whichever is later.

All answers and statements contained in Part 1 and Part 2 of this application and any amendments thereof and supplements thereto are full, complete and true to the best of my (our) knowledge and belief as though they were given on this date.

If there are any exceptions to the above statements, give full details in the space provided. If any exceptions are given, the policy is not in force and must not be delivered. All documents for this policy, including this signed form and any policy pages, must be immediately returned to the Home Office Underwriting Department.

EXCEPTIONS:

This Good Health Statement shall be part of the application for the above-numbered policy.

CHANGES OR ALTERATIONS TO THIS FORM WILL NOT BE ACCEPTED.

Signature of Owner

Date

Signature of Insured

Date

Signature of Joint Owner

Date

Signature of Joint/Additional Insured

Date

SERFF Tracking Number: ALSB-127789432 State: Arkansas
Filing Company: Lincoln Benefit Life Company State Tracking Number: 50174
Company Tracking Number: LBL1521-1 & LBL1523-1
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Amendment to Application/Good Health Statement
Project Name/Number: Amendment to Application/Good Health Statement/Amendment to Application/Good Health Statement

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: LBL READABILITY.pdf		

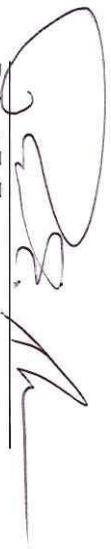
	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: This requirement is not applicable to this filing. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachments: LBL LBL1521-1 SOV.pdf LBL LBL1523-1 SOV.pdf		

LINCOLN BENEFIT LIFE COMPANY READABILITY CERTIFICATION

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms. These forms are at least ten (10) point type, two (2) point leaded.

TITLE	FORM NUMBER	FLESCH SCORE
Change to Application for Insurance	LBL1521-1	71.2
Good Health Statement	LBL1523-1	51.4



Robert E. Tanson

Vice President
Title

October 18, 2011
Date

Statement of Variability
Lincoln Benefit Life Company
Form LBL1521-1 Series

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

Page	Bracketed Items	Range of Variability
1	Proposed Insured	Proposed Insured's name will be inserted
1	Policy Number	Proposed Insured's assigned Policy Number will be inserted
1	Application Date	Date of the Application being amended will be inserted
1	Changes to Application	Changes to the Application will be inserted

(Rev. 10/19/11)

Statement of Variability
Lincoln Benefit Life Company
Form LBL1523-1 Series

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

Page	Bracketed Items	Range of Variability
1	Policy Number	Application Policy Number will be inserted
1	Exceptions	Full details of any exceptions will be inserted

(Rev. 10/19/11)